HAM BADMINTON CLUB

FRIENDLY CLUB PLAY | SAFETY FIRST | FAIR COURT TIME | INCLUSIVE CLUB

Accident / Incident Report Form

1. Type of Incident

Please tick or mark all that apply:

- □ Accident
- □ Injury
- □ Near miss
- □ First aid required
- □ Emergency services called
- □ Health and safety concern
- □ Safeguarding concern
- □ Conduct concern
- □ Discrimination, bullying or harassment
- □ Venue issue
- □ Equipment issue
- □ WhatsApp / communication issue
- □ Other

If other, please give brief details:

2. Date, Time and Location

Date of incident:	
Time of incident:	
Location of incident:	

For example: court number, sports hall, entrance area, changing area, WhatsApp group, car park or other location.

3. Person Completing This Form

Name:	
Contact details:	

Role:
□ **Member** / □ **Visitor** / □ **Committee member** / □ **Witness** / □ **Other**

4. Person Affected by the Incident

Name of person affected:	
Contact details, if known and appropriate:	

Role:
□ **Member** / □ **Visitor** / □ **Venue staff** / □ **Public** / □ **Other**

If more than one person was affected, please give details:

5. Details of What Happened

Please describe clearly and factually what happened.
Include what you saw, heard or were told. Avoid assumptions or personal opinions.

6. Injury Details

Was anyone injured?
□ **Yes** / □ **No** / □ **Not sure**

If yes, please describe the injury:

Which part of the body was affected?	

Did the person continue playing?
□ **Yes** / □ **No** / □ **Not applicable**

Did the person leave the session because of the incident?
□ **Yes** / □ **No** / □ **Not applicable**

7. First Aid and Emergency Action

Was first aid required?
□ **Yes** / □ **No** / □ **Not sure**

Was first aid provided by Better Eastern Leisure Centre staff?
□ **Yes** / □ **No** / □ **Not applicable** / □ **Not sure**

Name of first aider, if known:	

Were emergency services called?
□ **Yes** / □ **No**

If yes, please give details:

Was the person taken to hospital or advised to seek medical help?
□ **Yes** / □ **No** / □ **Not sure**

8. Witnesses

Were there any witnesses?
□ **Yes /** □ **No /** □ **Not sure**

Please give names and contact details, if known:

9. Venue or Equipment Issues

Did the incident involve the venue, court, floor, net, post, lighting, roof, speakers, equipment or another facility issue?
□ **Yes /** □ **No /** □ **Not sure**

If yes, please give details:

Was Better Eastern Leisure Centre informed?
□ **Yes /** □ **No /** □ **Not applicable /** □ **Not sure**

Name of venue staff member informed, if known:	

10. Safeguarding or Conduct Concern

Does this incident involve a safeguarding concern?
□ **Yes /** □ **No /** □ **Not sure**

Does this incident involve a conduct concern?
□ **Yes /** □ **No /** □ **Not sure**

If yes or not sure, please give brief factual details:

Has the concern been reported to a committee member or safeguarding contact?
□ **Yes /** □ **No /** □ **Not applicable**

Name of person reported to:	
Date and time reported:	

11. Immediate Action Taken

Please describe any immediate action taken.

For example: play stopped, first aid requested, venue staff informed, player left court, hazard removed, emergency services called.

12. Follow-Up Action Required

Does any follow-up action appear to be needed?

□ **Yes** / □ **No** / □ **Not sure**

If yes, please give details:

Possible follow-up may include checking on an injured person, speaking to witnesses, reporting to the venue, reviewing the risk assessment, disciplinary review, safeguarding referral or insurance notification.

13. Completed By

Name:	
Signature, if paper form:	
Date completed:	

14. Committee Review

To be completed by the committee where required.

Reviewed by:	
Date reviewed:	

Action taken:

Further action required:

Date closed:	